



PATIENT

Gracie Hoffman

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12.5 Years

WEIGHT

8.8 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap Animal
Hospital

REFERRING VET

Dr. Cynthia Kinney

INVOICE

14543

DATE

03/23/26

PRESENTING CLINICAL SIGNS

- Grace is a 12.5 year old female/spayed DSH who has an intraluminal distal colon mass at the pelvic rim. Patient was referred for a surgical consultation. The surgeon said it was 3cmx3cm mass and recommend AUS to evaluate abdominal lymph nodes/organs to see if any additional pathology. She has a history of inappetence, constipation, and is difficult to medicate. She did have a full diagnostic work up at another general practice and thoracic rads showed a mild aortic bulge. There is otherwise a limited medical history (first seen 8/25)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with a mild amount of suspended echogenic debris. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen. No ureteral papilla was seen.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 4.3 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 4.23 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measured 3.7 mm in width.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measured 3.8 mm in width.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow was evident.

Liver

Within the right aspect of the liver, there are two hypoechoic non-capsule displacing lesions present. The first lesion measures 4.2 mm in width. The second lesion which is also cavitated measures 2.9 mm in width.

(1:50) These lesions are concerning for possible metastatic neoplasia (1:54) or possibly round cell neoplasia such as lymphoma.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal



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The stomach and intestines have normal wall layering and thickness. The distal colon contained a marked amount of firm stool with normal wall thickness. The distal colon cranial to the pelvic inlet contains a 3.1 by 3.8 cm hypoechoic mass lesion present within the colon wall. The mass appears to have a mild amount of blood flow via Doppler exam.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

There are enlarged mesenteric lymph nodes present. A representative lymph node measures 5.8 by 2.9 mm in width. These nodes are mildly enlarged and appear reactive, less likely to be enlarged due to neoplasia.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris.
- Colonic mass- lymphoma, adenocarcinoma, leiomyosarcoma, other malignant neoplasia. A benign etiology for this mass lesion is unlikely.
- Hepatic lesions.
- Mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend urinalysis and urine culture if urinalysis shows active urine sediment. Recommend fine needle aspirate of the colonic lesion submission for safety to determine etiology of the mass lesion. Recommend fine needle aspirate of the hepatic lesions of one or both of the lesions in the liver. Submission for cytology to determine etiology. If it is possible, recommend fine needle aspirate of any accessible lymph nodes to rule out metastatic neoplasia.

Prognosis is guarded pending results of recommended fine needle aspirates of colonic mass and liver lesions and enlarged mesenteric lymph nodes. Suspect at this time, patient most likely has metastatic neoplasia. Primary tumor suspected to be the colonic lesion.

If three view chest x-rays have not been performed, recommend three view chest radiographs to rule out pulmonary metastatic disease.



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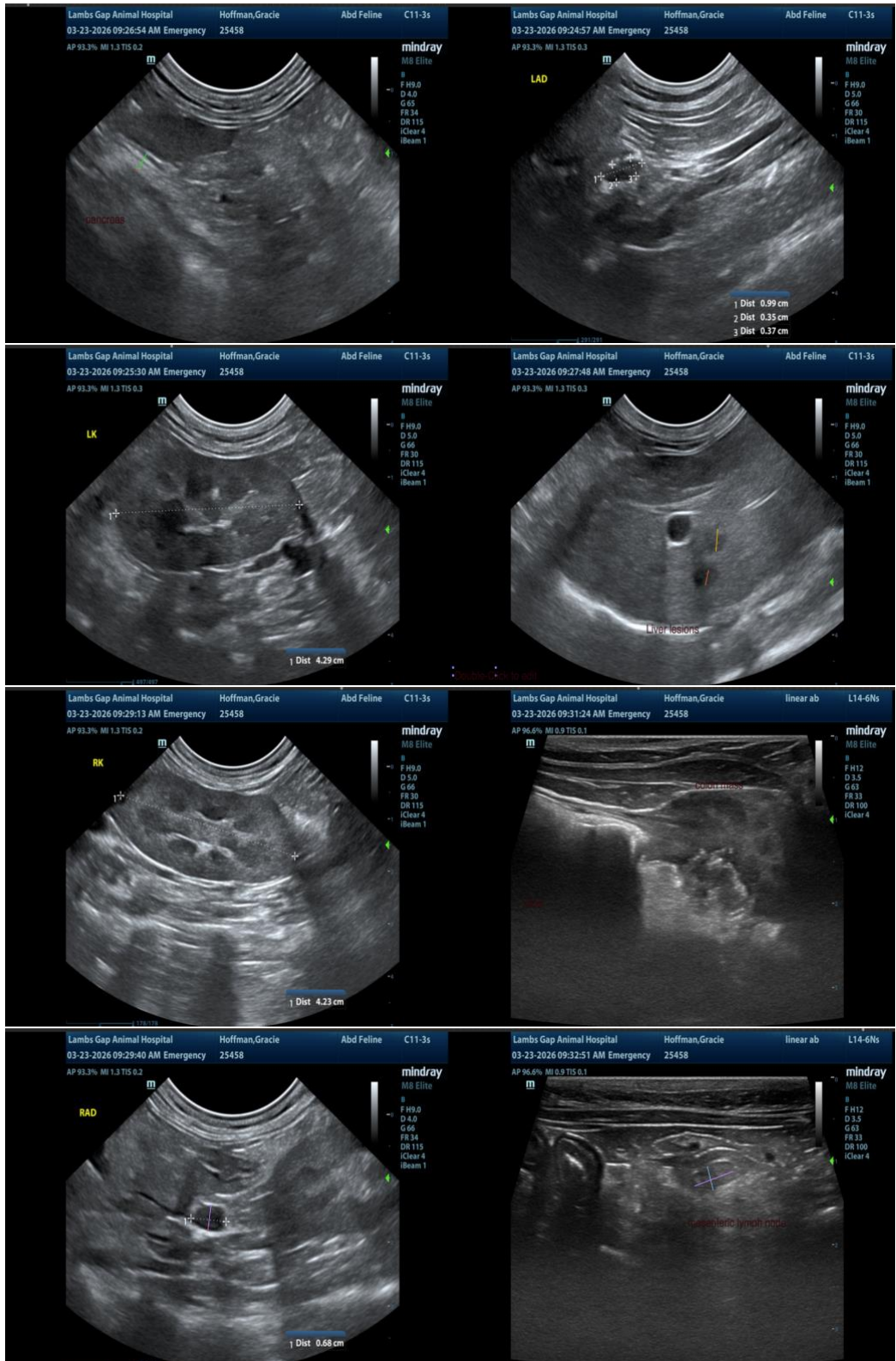
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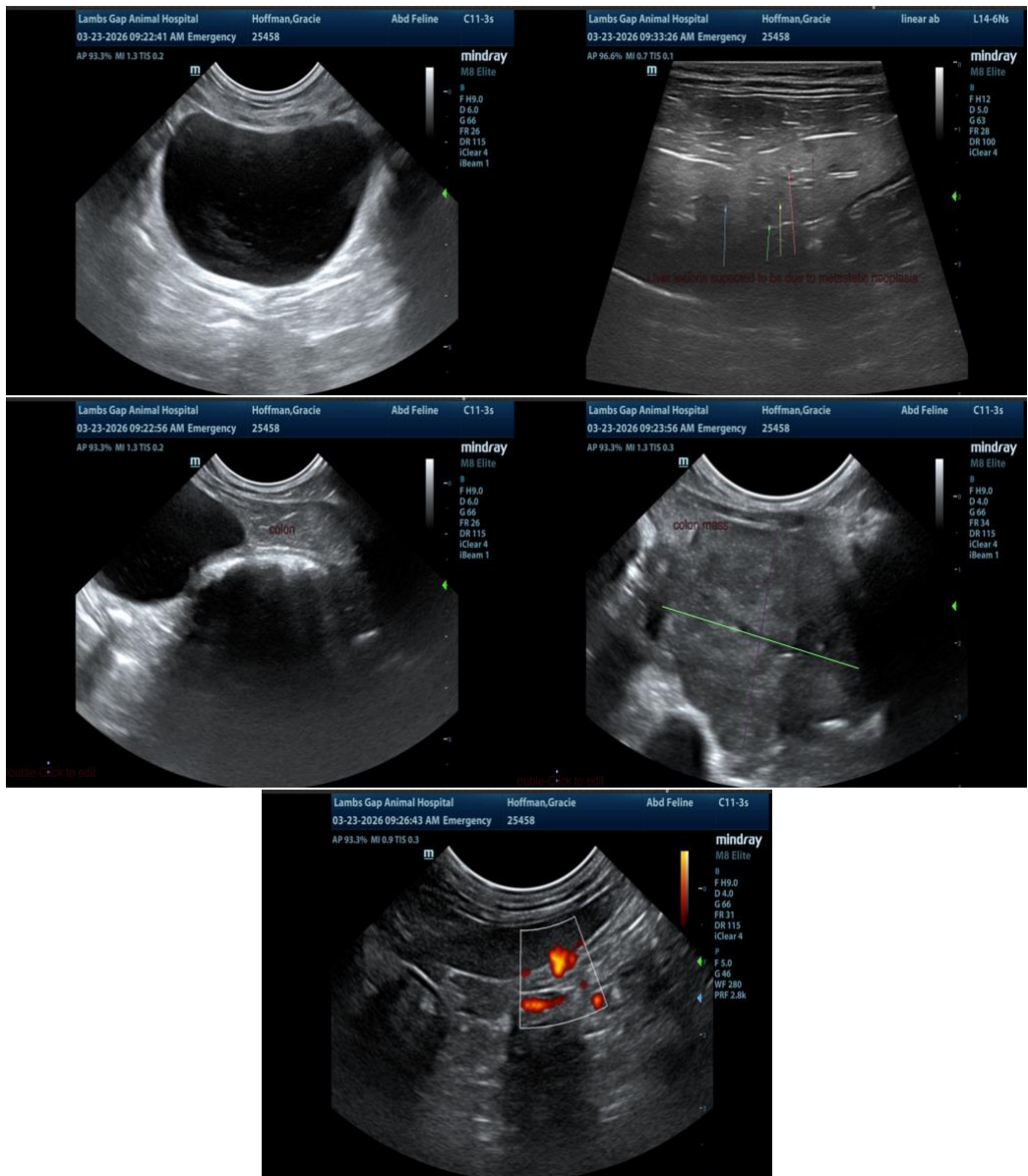
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Greg Kuhlman, DVM, DACVIM (SAIM)
Veterinary Internal Medicine Specialist
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